

KENTUCKY STATE BOARD OF HAIRDRESSERS  
& COSMETOLOGISTS  
111 ST. JAMES COURT, SUITE A  
FRANKFORT, KY 40601  
(502) 564-4262

OUT-OF-STATE  
EXAMINATION APPLICATION

COSMETOLOGIST - \$120.00\*\*

NAIL TECHNICIAN - \$75.00\*\*

ESTHETICIAN - \$175\*\*

COSMETOLOGY INSTRUCTOR - \$200.00\*\*

ESTHETIC INSTRUCTOR - \$250.00\*\*

**ALL OUT-OF-STATE LICENSEES**

**MUST SUCCESSFULLY COMPLETE THE  
WRITTEN & PRACTICAL EXAMINATION**

**\*\*EXAMINATION FEE MUST BE RECEIVED WITH APPLICATION. PAYMENTS  
MUST BE MADE IN THE FORM OF A MONEY ORDER, CASHIERS CHECK OR  
CASH(CORRECT CHANGE ONLY) NO PERSONAL CHECKS ACCEPTED.**

**\*\*NO REFUND ON APPLICATION FEE UNLESS APPLICATION IS DENIED.**

**\*\*\*APPLICANT MUST REQUEST CERTIFICATION OR OFFICIAL EQUIVALENT FROM STATE BOARD OR  
OFFICAL LICENSING AGENCY WHERE LICENSE IS CURRENT FOR THE PAST TWO (2) YEARS BE SENT TO  
THE KENTUCKY STATE BOARD OFFICE.**

**\*\*\* APPLICANTS LICENSED LESS THAN 2 YEARS MUST SUBMIT PROOF OF 12<sup>TH</sup> GRADE EDUCATION WITH  
THIS APPLICATION. (EDUCATION OBTAINED INTERNATIONALLY MUST BE SUBMITTED WITH AN OFFICIAL**

FULL NAME OF APPLICANT \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

ADDRESS: \_\_\_\_\_  
(Street Address) (City, State, & Zip Code)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DAYTIME PHONE # (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE  FEMALE  E-MAIL ADDRESS \_\_\_\_\_

Indicate state you are transferring from: \_\_\_\_\_ (license must be **active & current**)

How many years have you been licensed to practice? \_\_\_\_\_ Date License obtained: \_\_\_\_\_ License # \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, documentation must be attached.

Are you in default on any loan obligation issued by the Kentucky Higher Education Assistance Authority (KHEAA)? Yes  No

I certify under penalty of law that the above information is true and correct to the best of my knowledge.

**ATTACH RECENT  
PHOTOGRAPH  
HERE.  
MUST BE ON PHOTO QUALITY  
PAPER!  
NO COPIES OF PHOTOS WILL  
BE ACCEPTED!!**

\_\_\_\_\_  
Signature of Applicant

**APPLICATION MUST BE NOTARIZED**

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL